



KENTUCKY TRANSPORTATION CABINET
Division of Motor Vehicle Licensing
P.O. Box 2014
Frankfort, KY 40622

TC 96-16G
March, 2010

REQUEST FOR MOTOR VEHICLE OR BOAT RECORD THAT INCLUDES PERSONAL INFORMATION

TO BE COMPLETED BY A GOVERNMENTAL AGENCY

This information is requested solely for the benefit and use of carrying out the functions of a government agency. Check all applicable boxes.

- | | |
|---|---|
| <input type="checkbox"/> Odometer/Mileage Discrepancy | <input type="checkbox"/> Copy of Certificate of Origin |
| <input type="checkbox"/> Signature Verifications | <input type="checkbox"/> Copy of O/S Title |
| <input type="checkbox"/> Tax Purposes | <input type="checkbox"/> Copy of VTR/Supporting Documents |
| <input type="checkbox"/> Owner Information | <input type="checkbox"/> Copy of Current Title |
| <input type="checkbox"/> Clerk Error/Correction | <input type="checkbox"/> Certify Documents |
| <input type="checkbox"/> Transfer Dates | <input type="checkbox"/> Court Documentation |
| <input type="checkbox"/> Complete History | <input type="checkbox"/> Other (Specify) _____ |

VIN OR HIN Number: _____ Title _____ License Plate _____

Printed name of Person Making Request _____

Signature _____

Date _____

Agency _____

Address _____

STATE OF _____

City _____ State _____ Zip Code _____

County of _____

Telephone number _____

Signed and sworn before me this ____ day of _____ 20 ____

Notary Public _____

My Commission expires: _____

For Motor Vehicle Licensing use only

Date Processed: _____

Fees Collected: _____

Clerks initials: _____